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CONFIRMATION NO. 2511

Bib Data Sheet

SERIAL NUMBER	FILING OR 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
10/780,839	02/18/2004	180	3616	DP-307849
RULE				

APPLICANTS

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* CONTINUING DATA *****

* FOREIGN APPLICATIONS ***** *N/A*F REQUIRED, FOREIGN FILING LICENSE GRANTED **
05/10/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	IN	3	20	3
Verified and Acknowledged	<i>km</i> Examiner's Signature	<i>km</i> Initials			

ADDRESS

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TITLE

Integrated occupant and crash sensing control unit

FILING FEE RECEIVED 770	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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